

MAIL ADDRESS: P.O. BOX 747, FALLS CHURCH, VIRGINIA, USA 22040-0747

Other _____

The filing fee has been calculated as shown below:

LARGE ENTITY					SMALL ENTITY		
FOR	NO. FILED	NO. EXTRA	RATE	FEE		RATE	FEE
BASIC FEE	***** ***** *****	***** ***** *****	***** ***** *****	\$690.00	or	**** **** ****	\$345.00
TOTAL CLAIMS	10 - 20 =	0	x18 =\$	0.00	or	x 9 = \$	0.00
INDEPENDENT	4 - 3 =	1	x78 =\$	78.00	or	x 39 = \$	0.00
MULTIPLE DEPENDENT CLAIM PRESENTED <u>no</u>			+260 = \$	0.00	or	+130 = \$	0.00
TOTAL \$				768.00	TOTAL \$ 0.00		

X A check in the amount of \$ 808.00 to cover the filing fee and recording fee (if applicable) is enclosed.

_____ Please charge Deposit Account No. 02-2448 in the amount of \$ _____. A triplicate copy of this transmittal form is enclosed.

_____ No fee is enclosed.

If necessary, the Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 02-2448 for any additional fees required under 37 C.F.R. 1.16 or under 37 C.F.R. 1.17; particularly, extension of time fees.

Respectfully submitted

BIRCH, STEWART, KOLASCH & BIRCH, LLP

By _____

MICHAEL K. MUTTER

Reg. No. 29,680

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